

Dr. Joseph Workman's Constructions of Disease at the
Provincial Lunatic Asylum, Toronto
1853-1875

Note: This essay was accepted nearly 20 years ago by Roy Porter for publication in the History of Psychiatry then withdrawn after a quarrel. This should interest scholars of Workman (there are a few, mainly Unitarians) and anyone interested in the history of psychiatry and the non-medical basis of 19th-century psychiatric authority.

Joseph Workman: The Doctor's Lance

Dr Joseph Workman was born near Lisburn, Ireland, in 1805, came to Canada in 1829, taught school in Montreal, and obtained his medical license from McGill College in 1835. In 1836 he moved to Toronto where he initially ran a hardware store. He resumed medical practice in 1847, taught obstetrics and therapeutics in Dr John Rolph's Toronto School of Medicine, and in 1853 became Superintendent of the Provincial Lunatic Asylum at Toronto. Workman's Asylum had been partially constructed by 1850, and would not be completed until nearly 20 years later. A government institution, the Provincial Lunatic Asylum and its precursor established in 1841, had been characterized by nepotism and mismanagement, and by embarrassing public quarrels between its Commissioners and its politically appointed Superintendents. Workman, a Reformer associated with the influential Dr Rolph in whose school he taught, was one of these. Under his efficient management 'his' Asylum became the centre-piece of a province-wide system of penitentiaries and asylums that, by 1859, was maintained by the 'first ... board of public welfare in North America'.

After his retirement in 1875, Workman was president of the Canadian Medical Association (1877) and the first Canadian alienist to be made a member of the Royal Medico-Psychological Association of Great Britain. When he died in Toronto in 1894 he was one of his country's most famous doctors, and its most famous alienist. He is generally revered, at least by the staff, at the institution which succeeds his Asylum on Queen Street West, and where a theatre bears his name. His bust is in the lobby. He exemplifies the 'first generation of would-be professionals who created that uneasy alliance with the state that has continued to both bedevil and reward professional life in Canada to this day'.¹

It is not, therefore, Workman the doctor who principally interests me here, but Workman the author of his own considerable medical authority. While many nineteenth-century alienists are more famous than he is now, and many are more scientifically and medically important, I think none better illustrates the way a totally inexperienced man could virtually write himself into his profession. None better illustrates, too, the hazards of doing so when that profession is alienism.

Workman was uniquely qualified for the performance. Prior to his appointment to the superintendence of the P.L.A. he had been a medical official, a politician, and a professional journalist. As an editor of the Toronto Mirror in the 1840s he seems to have learned how to reinforce one kind of authority with another. For example, in an item of Friday, August 13, 1847, headed 'Fever Hospital', the Editor indicates the insertion of an article by 'Medicus', on the use of wine to treat the fever of recent immigrants. The Editor, almost certainly Workman himself, rather archly observes that 'We by no means entertain the same view as Medicus in relation to the conduct of Doctor Workman on the Board of Health'. Workman the Doctor might not have the authority to tell other doctors what to do, but Workman the Editor would. Subsequently 'Medicus' -- probably a 'plant' -- praises Workman as 'a Medical practitioner of acknowledged talents' while regretting that he, as a member of the Board of Health, suppresses his own opposition to the use of wine, in alleged compliance with the 'conventionalities of society'.

In ways that anticipate Workman's writing as Superintendent, the Editor dramatically depicts the city as an impoverished, menacing, plague-ridden place. Awaiting the outbreak of epidemic, he reports, in a piece headed 'Asiatic Cholera' in the issue of September 29, 1848, his having received from 'a professional friend' a history of cholera, 'from its first appearance in India, down to its last introduction into this country in 1834'. Portions of the 'professional friend's' text are identical to the text of Workman's 'Reminiscences of Asiatic Cholera in Canada', discussed below. The 'friend' and the Editor are probably both Joseph Workman.

It is ironic to find the Editor, in an article of July 14, 1848, headed "Improvement in Lunatic Discipline," describing the annual Orange Parade in terms of a lunatic procession. He begins by remarking what appears to have been a regular urban spectacle, of female patients from the Lunatic Asylum being driven in a carriage around the city, seeing and no doubt being seen. This time, however, the whole Asylum population appeared to be on parade. The editor expresses his great pleasure at having recognized several citizens whom he had not previously thought mad, and one whose obvious shame and embarrassment indicated returning reason. His only regret is that Dr. Park had not chosen a day when his lunatics would not have been mistaken for Orangemen in a 12th of July procession.

In the July 21st paper, under the heading "Twelfth of July," the Editor apologizes, albeit facetiously, to those readers whom he has offended by what he calls his "little jeu d'esprit." Rather disingenuously he claims to have been hoaxed by a contributor, whose article he set verbatim in editorial type.

By pretending to correct mistakes in the last piece, he only makes the Orange ritual more ridiculous, and reinforces its similarity to a lunatics' procession. Yes, he admits, as if he were not increasing the damage, the procession described in the last issue as "an excursion of lunatics from the Asylum," was indeed a "bona fide Orange procession"; what was described as a large beerbarrel was really a "genuine Protestant big drum."

Possibly anticipating one of his favourite ploys in the Annual Reports, the Editor exploits and playfully reverses the opposition between the Asylum and the rest of the world by reporting the inmates' indignation at being identified with anything as "mad" as the Orange Procession:

We regret to learn that the inmates of the Asylum have also been seriously offended by the same article; and have expressed great astonishment that we could possibly have been deceived into the belief that they would act so Irrationally as to expose themselves to the derision of the citizens of Toronto, by any such childish proceedings as those which characterized the procession of the 12th instant.

The Editor pretends to have equally offended those he (accidentally) depicted as lunatics, and those who are (or at least are treated) as lunatics. Of course, the real target is not the inmates of the Provincial Lunatic Asylum, but the inhabitants of the supposedly sane City.

The rest of the article describes some of the arrangements, regarding the Orange Procession, which make its sanity more supposed than real. One of the City Magistrates joined the Procession, despite being sworn to uphold the law banning it. Workman pretends to believe that he did so not a mere participant but as a "good example" to his fellow-Orangemen. This being so, the Editor concludes that for the sake of public order, all Orangemen should be made magistrates. Such mad arrangements, especially for a Roman Catholic Irishman, are nonetheless based on the premises of a supposedly sane world.

The Editor of the Mirror first indicates his awareness of the quarrel between Dr. Park and the Commissioners of the Provincial Lunatic Asylum in an article headed simply "The Lunatic Asylum" in

the edition of October 20, 1848. Glancing at the alleged "mistake" regarding the Orange Procession last July 12, the Editor expresses some reluctance to embroil himself in Asylum business: "mad people should not be meddled with, unless by those entrusted with their care." Consistent with his tendency to reverse the opposition between Asylum and city, lunatics and citizens, he leaves it noticeably unclear precisely who the "mad people" are.

The fact that among the Commissioners are doctors, magistrates, parsons, and a sheriff, makes the prospect for love, law, and physio in the "sane" world all the less promising. Ironically, given the likelihood that the Editor is Workman, he remarks that his publication is not "the organ of the Asylum." Workman's subsequent numerous Annual Reports would be just that, a veritable Asylum newspaper often containing astonishingly effective journalism, especially for a bureaucratically driven governmental report.

On December 1, 1848, he requests more information on the dispute between Park and the Commissioners, but especially for more candour from the latter. The Editor does, however, make one observation or rather insinuation prejudicial to the interests of Dr. Roaf, which is that his son-in-law (Dr. Scott) appears to have been a candidate for Dr. Park's job and indeed a rival, in which case Rev. Roaf's present opposition to Dr. Park cannot appear unbiased or unmotivated.

By the issue of December 8, he feels that matters between Park and the Commissioners have deteriorated so far that the Executive has to get involved to bring about a peace. They must either find him guilty and punish him, or find him innocent and clear his name.

According to the Editor, it is hardly surprising that the leader of the "movement" against Dr. Park is the Rev. Dr. Roaf:

Mr. Roaf is a man of great business tact, and very fond of enacting the part of top-sawyer, wherever he chances to have an opportunity of shewing off.

Roaf was evidently also something of an anti-Catholic bigot, since the Editor recalls a "no popery" speech which he delivered in London before "an exclusive audience." Apparently Roaf behaved more moderately at home, trying to reassure the Irish and to keep Dr. Burns quiet about "certain little matters of arrangement touching the University Bill." Given Roaf's record of deviousness, the Editor is skeptical that the Reverend Doctor has been "actuated by a mere sense of public duty."

The Editor discusses in detail the obsessive controversy over whether Dr. Park lied when he asserted that his order, that "not more than one excited patient should be confined in the same cell," had been given and written on June 20th and subsequently ignored and disobeyed. As for Roaf's complaint that Dr. Park had not placed the order in the usual book, the Editor points out that an order for a "general order book" was posted on July 25; in other words, there had been no "usual order book" until after the order was made, so Dr. Park had not deliberately "hidden" the order or later inserted it in an available space, but had indeed put it in the best possible place. As a Commissioner, Roaf should have known as much (and probably did, the Editor insinuates), since it is the duty of every Commissioner to oversee the books. The Editor concludes most emphatically in Dr. Park's favour:

The facts are simply thus: -- the prescription book used by Dr. Park was the one which he found in the Asylum when he entered it, and which had been used by his predecessor, Dr. Telfer, as well as by Dr. Primrose, while acting for Dr. Telfer.

He points out that the ink used to write the order was the same colour as that on the rest of the page. As for Roaf's insinuation that orders had been "tampered with" in order to deceive, he challenges Roaf to produce one good example. The Editor implies that Roaf is one of those "political parsons" who should

not hold high offices like Commissions.

The Editor of the Mirror complains on December 15 that the Commissioners have tended to conduct their affairs too much in secret, behind closed-doors, interrogating "Keepers, Nurses, Servants, Porters, and Steward" in "Star-Chamber fashion," without giving Dr. Park an opportunity to attend and participate. Such arbitrariness and "despotism" is seen as the influence principally of the Rev. Dr. Roaf. He playfully likens this obsessively treated, now "rediscovered" book to "Pussey" in her well:

Ding dong bell,
Pussey's in the well.
Who put her in?
Little Tommy Tin.
Who pulled her out?
Little Tommy Trout.

He implies that this book was deliberately "Burked" at the time the Commissioners "Burked" Dr. Telfer and, like the mythical cat, retrieved only when it suited them. "Burking" would, incidentally, have been an especially apt word for any sort of shady Asylum business, since the original William Burke smothered ("hushed up") his victims in order to sell their bodies for dissection (according to The Concise Oxford Dictionary).

The apocryphal "similar book," which never existed in Park's time and which was probably suppressed by the Commissioners themselves, becomes another local scandal like "the humours of the red-gown, and the horrors of the tin box" (standing for the mayor's office and some fiscal matters). The affair at the Asylum becomes a farce, a "comedy," but one that has only just begun to effect a rough sort of poetic justice. The "Burkers" appear to be in "agonies," suffering the slow suffocating death that Burke inflicted on his original victims, falling into the pit "they digged with their own hands." Rev. Roaf himself will have a hard time obtaining "his clearance certificate from the mad house."

In the issue of March 31, 1847, it is reported that a City Alderman named Beard addressed Workman as 'worthy Doctor', and that Workman angrily rebuked him that he is the alderman representing the Ward of Saint David. Beard then accused him of 'taking notes, and writing articles for this journal'. Risking exposure, the Editor mocks the Alderman for having so 'shrewdly suspected a Doctor's Lance had been employed on the occasion'. Modern readers of Workman's annual reports ought to suspect him of employing the journalist's pen at least as effectively.

Workman himself describes his method of using the reports as 'important channels' in 'a system of general courteous exchange' with 'the whole body' of asylum superintendents in Europe and America (report for 1859, 39).ⁱⁱ Such statements amount to a warning to his government, that his criticisms will be overheard by a powerful and sympathetic audience of fellow doctors. As this government fails to realize either the original plans or the spirit of the Asylum, Workman's arguments affect his presentation and construction of mental illness and vice versa in what could be aptly described as a long, increasingly complicated, and steadily deteriorating dialectic between literal and figurative constructions of disease. Workman's unusual articulateness, his prominence in Toronto, and the peculiar circumstances of the Toronto Asylum make his reports an unusually rich and dramatic narrative of a process that begins with pleas for completion in the 1850s and ends with veiled recommendations that it be demolished in the 1870s.

Epidemics and Heroics

In his very first report (1853-54), Workman narrates the 'cleansing' of the Provincial Lunatic Asylum

upon his taking charge. Its symbolic nature is apparent; the new doctor takes charge of his Asylum and rids it of the plague. He very dramatically emphasizes the extent of the pollution: every 'apartment' has been infiltrated by the 'foul air'. It is coextensive with the vast building itself. The source of this 'mass of filth and impure fluids' (4) remains mysterious: 'some undiscovered cause'. It sickens the 'Visiting Commissioners' and others who 'chanced to inhale it' (4).

The building is an institution literally and figuratively characterized by human waste; sinking into the accumulated excrement -- 'three to five feet in depth' (4) -- of its inhabitants. The cause of the pollution does not become apparent until well into the report, as if Workman had wanted to build suspense, to emphasize his role by withholding the solution of the crisis, and to delay stating a cause that he knew would dissipate any further theatrics with an element of bathos:

a defect in the deep drainage, of a most unaccountable character. The interior drains from the kitchens, laundries, and other parts, being followed from their sources to the points of emergence from the building, were here found to be further impenetrable, having never been carried out to the main sewer, which was at the short distance of 22 feet. The remedy for this evil was palpable, and was promptly applied. (5)

Workman's obsession with such details seems to reflect both his attitude to disease and the rather heroic and all-encompassing role that he constructed for himself as doctor. Fearing the return of Asiatic Cholera in 1871, he describes with words and a little drawing how 'downward ventilation' works by drawing off foul air through a pipe intersecting the drain above the water-trap, on the same principle as a tobacco pipe. His constant tampering with things like ventilation eventually precipitates a public quarrel with Kivas Tully, the Architect of Public Works (1872, 27).

A much earlier source of this preoccupation with epidemics is suggested by a significantly later piece, *Reminiscences of Asiatic Cholera in Canada*, published in *The Canada Lancet* in 1883.ⁱⁱⁱ Plague is the disease of civilization, following the trails and caravan routes of commerce and religion, Workman's 'march of armies...advance of caravans...trails of Mahommedan pilgrimages' (38), like the other more figurative or partly man-made 'plagues' that eventually preoccupied him. Plague is a complicated part of what Workman defines his Asylum against, an especially metaphorical sign of what his Provincial Lunatic Asylum is an asylum from, especially in the mid-1850s when, due in part to its physical location in what is then 'the country', but also to Workman's own rigorous precautions, the city seems as distinctly urban and plague-ridden, as the asylum is rural and healthy.

Moral Pestilence

The report for 1857-58 features an unusually long section on the causes of insanity, focusing on society itself. While he does not have sufficient data to confirm the 'concurrent opinion' of writers on the subject, that insanity is on the rise, he notes the rise of 'the various contributive agencies', from which he finds it 'almost impossible to withhold the admission that it is yearly becoming more prevalent' (12).

While Workman speaks confidently of such causes above, he notes that in 19 out of 20 cases the causes assigned on certificates, by relatives and medical examiners alike, are fallacious. Many of these 'fallacious causes', which Workman recites from the Asylum Register, now look more like the concerns of a social worker than an asylum doctor: 'Loss of Property ... Excessive Study ... Intemperance ... Want of Employment ... Business Difficulties ... Political Excitement ... Tobacco ... etc'. (13). But after this false catalogue Workman neatly adds a 'true' which today seems almost as ridiculous: 'Gestation; Puerperal disorder; Over lactation; Fevers resulting in cerebral lesion; Sun-stroke; Intense cold to the head; Injuries of the skull; Apoplexy; Epilepsy; Parental intemperance; Masturbation; Scrofulous and syphilitic taint; Defective diet, etc'. (14). He

first indicates 'evils in the existing state of society', then through various indirect causes such as 'modern education and the moral training of youth', focuses on some unnamed 'moral pestilence', which (of course) is masturbation:^{iv}

Underlying or interwoven with these, or other efficient causes of insanity, are to be detected evils in the existing state of society, and it is to be feared in the pernicious tendencies of modern education and the moral training of youth, which demand of the physician entrusted with the care of the insane more than a casual indication. Deplorable and multitudinous are the facts which, in at least one section of his sphere of observation, the reminiscences of the Superintendent of an insane asylum supply in demonstration of the calamitous results of the moral pestilence alluded to. (1857-58, 14)

Workman quotes from the report of Dr McFarland, Medical Superintendent of the Illinois State Hospital for the Insane, on the evils of masturbation. One of McFarland's revealing concerns about masturbation is its 'recruiting' its victims, 'not from the ranks of the naturally low and sensual, but from a class comparatively high in the social scale' (15). At the same time, since the source of the 'pestilence' is often a 'corrupt family servant', it would seem obvious that the lower classes themselves are afflicted -- unless they are themselves merely the immune 'carriers'.

McFarland blames generally 'the influences which make our society what it is', and specifically the 'instructor of youth', especially the religious teacher. Such teachers tend to repress young minds, certain 'elemental parts' of which require expression, which must be allowed or 'exuberant nature revolts' (16). Behind the repressive teacher is an even more repressive 'goddess' of Public Opinion, who caps these volcanic forces of natural expression so that 'secret vices gnaw and gender in the hidden recesses of the soul' (16).

From this the 'moral pestilence' appears to be less masturbation itself than the guilt associated with it. But masturbation is not counted among the natural forms of expression. These are apparently non-sexual activities; precisely how they siphon off sexual energies is never clarified. But the 'puritanism' which McFarland opposes is, curiously enough, less a matter of sex than of decorum. McFarland suggests that 'mirth and sports' should be taken more seriously, as measures for preventing the 'thronging' of American institutions with insane masturbators, etc. It is as if, when the most obvious source of repression proved to be sexual, the doctors chose exercise.

In the annual report for 1859 Workman admits that a superficial glance at the statistics would indicate that men are more liable to insanity than women, and that marriage produces insanity in the latter, but he warns against coming to any such conclusions. There is a correlation between marriage and insanity for women, because insanity seems to target women between age 25 and 35, by which time most women are already married. However, there is a telling lack of any such caution with regard to statistics indicating a correlation between single men and insanity:

The Asylums of this continent abound with the wretched victims of this apparently concomitant curse of advancing civilization, -- a curse which medical alienists regard, not as the result of ignorance, but as one of the products of that which is called improved modern education. (1859, 7)

Obviously, agreeing with the Dr McFarland quoted in the above report, he attributes masturbation, not to its more obvious cause, sexual repression, but to a more narrowly defined physical kind -- simple inadequate exercise:

every American Asylum physician will corroborate the statement, as to the sad concomitancy between our system of youthful training, and the constantly augmenting

population of our insane institutions. (1859, 7)

In the report for 1863, while arguing that the figures show that 'insanity and crime are, so far as the vice of intemperance is concerned, diametrically opposed' (29), he asserts that there is 'another vice leading to insanity, or, at least, complicating it, quite as obstinate as intemperance' (29). The Toronto Asylum, like others in the United States, contains a 'multitude' of those whose madness has been caused or complicated by masturbation, few of whom will ever leave.

Workman is convinced, or at least wishes to convince us, that masturbation, 'this vice', is on the increase. While the perception of an epidemic of lunatic masturbators might have been especially annoying to Workman, because it meant filling his Asylum with people he could not cure, the perception that the disease did not exclude well-educated people, would have caught the attention of the rich and powerful. So long as religion, education, and temperance are 'present and rational', they are 'the best protectives' against insanity. But while a poor or 'trumpery' education 'chokes' the mental powers, a 'superior' education 'ruins' the physical. Education appears to be a regulatory force between mind and body, itself in need of constant regulation. Instead, according to Workman, it undergoes the constant tampering of 'hot-bed experiment' that will only cease when the educators themselves 'understand what education means' (30). The connection between 'reading and writing' and moral pestilence may not be 'necessary', but it seems to exist. The contents of Workman's reports are broadcast in provincial journals, thereby helping to create a sense of national health crisis.^v He is attacked by a country newspaper editor for being 'in error'. Now he only wishes that he had been. He presents himself as suffering from an 'enfeebled' physical condition, making his efforts on behalf of those afflicted with this epidemic 'habit' all the more heroic, and all the more in need of assistance.

In the report for 1866, Workman dramatically introduces the topic with a prefatory section of statistics indicating a much smaller percentage of discharges to admissions for men than for women. This alleged 'disproportion' is presented as a radical reversal of 'the relative curability of insanity in the two sexes'. Since the next section is headed 'Evil Habit', the organization of the report alone would suggest that this increase of 'incurables' is due to an epidemic of masturbation.

Thus Workman links an old problem, the problem of accommodating a growing permanent population, to a new cause. The problem of 'incurables' becomes the problem of 'evil habits', as if in that guise it is more likely to be solved. That the campaign against masturbation might at least unconsciously be motivated by a desire for a bigger, better Asylum is suggested by the obvious connection between the perceived danger of 'infection' with the 'evil habit' and its prevention by means of more private rooms or even 'totally distinct lodgment' (11) in the wings being constructed as Workman wrote.

Finally the issue and Workman's position seem almost made for each other. If Workman's position as Medical Superintendent of the Provincial Lunatic Asylum qualifies him to speak out about masturbation as he asserts it does, speaking out qualifies him for the position. The position and the issue, and Workman's qualification to fill the one and to speak out about the other, are mutually reinforcing.^{vi}

What Workman does finally speak out about is, by his own indication, not the illness itself but his own 'convictions' about it, which if unexpressed are not only as much an effect of 'repression' as the disease itself, but potentially (if indirectly) a cause. Later, in examining the 'Circulars' or admission forms for indications of the 'Evil Habit', Workman resorts to what now seems a rather unconvincing language of 'conviction': 'I feel fully assured, or morally certain -- secret vice is present' (10). One might wonder what it means to be 'morally certain' as opposed to merely certain. 'Moral certainty' would appear to include the suspicion of something about which it is infinitely safer to err on the side of caution, or which it is more dangerous to overlook and do nothing about than to indicate even where it might not exist.^{vii}

There is yet another reason not to be reticent. Workman's earlier discussions suggest that in some

sense 'suppression' or 'repression' really was this disease, the cause if not the essence. Here his language suggests that the great doctor might himself be stricken, as often happens in epidemics, if not exactly by the disease itself then by its cause, and become himself the worst carrier:

no one would be less excusable than myself for the concealment or suppression of the convictions which protracted and thorough investigation has established in relation to the 'enshrouded moral pestilence' which overspreads the land. (1866, 8)

Not 'speaking out' about masturbation would therefore be just another form of the 'repression' which caused it. A prominent doctor like himself has no choice but to 'speak out' or become not merely a conniver at disease but its most conspicuous victim and contagious source.^{viii}

Moreover, the doctor's silence would amount to the contagion of the most likely source of deliverance from a plague of epic biblical dimension. Workman's language here strikingly resembles the language of pestilence and deliverance with which he ritualistically inaugurated his superintendency of the Provincial Lunatic Asylum in 1853. Then he was the deliverer of an institution which microcosmically resembled a world. Here he presents himself as the deliverer of nation which macrocosmically resembles an institution.

On one hand the nature of his superintendency has changed over the years, become less insecurely institutional and more confidently national; on the other, the nation itself has been 'institutionalized'. What remains relatively constant between the minor 'plague' of the 1850s and this major one of the 1860s is Workman's heroic role. Identifying one epidemic with another, and identifying silence with the source of the pestilence if not the pestilence itself, Workman justifies his role as national medical spokesman even as he invents it.

Masturbation itself seems rather lost or non-existent; perhaps in Workman's mind there was no such thing.^{ix} The 'issue' becomes 'issues', including some vaguely articulated but perhaps strongly felt change in the national temper towards what Workman identifies as 'repression', and some corresponding changes in the nature of the medical profession itself. As it becomes more socially important, 'speaking out' in the critical way Workman advocates, becomes both more important and more difficult. The professional is potentially the accomplice.

Workman speaks with additional authority, and poignancy, as he approaches the end of his career. He implies that he speaks out only because that end is near; to allow it to arrive without speaking out would amount to maintaining silence forever -- 'a sin of omission, deserving of enduring self-condemnation' (1866, 8). Moreover it might be many years before any successor would enjoy a similar opportunity in terms of forum and audience; worse, that successor might prove too modest or lazy to take advantage.

He therefore finds himself at a decisive moment, but so should other members of society, especially doctors, teachers, and religious officials. Everyone who knows anything about 'the habit' and does not speak 'should be regarded as criminal' -- and many people know a great deal: 'They will know that all I have written on the subject not only is true, but that it falls very far short of the whole truth' (1866, 9). It really is rather incriminating that, in his almost exactly contemporary 'Observations on insanity',^x Workman is considerably more cautious about masturbation and even ridicules it as a major cause of insanity: 'if masturbation be regarded per se, as an efficient cause, I dread to think how multitudinous will be the number of lunatics in America' (406).

Workman subsequently endeavours to combine masturbation with consumption, the one moral and largely imaginary, the other more poetic yet physiologically based. Paresis and consumption are already connected as gender-specific causes of death, or what Workman rather ingeniously labels 'compensative death factors' (1871, 24), paresis as male consumption and consumption as female paresis. All of the males who die of consumption are identified as masturbators, or somewhat less than men, 'inveterately

addicted to the secret evil habit' (24). Consequently consumption in men appears doubly unmanly, as a disease more closely associated with women and masturbators.^{xi} His masturbators appear in the sort of language Shelley addressed to himself, as they 'weld, and wither, and perish, even as the tender plant, gnawed and poisoned at the core by a hidden destroyer' (24). He concludes a scarifying depiction of 'hundreds and thousands ... continuously crawling on in the hideous march of Death' (24), by exhorting 'all men' that 'this pestilence might be checked' (24). Perhaps it is irrelevant to wonder which pestilence he means (masturbation? consumption? masturbation and consumption? death? something else -- effeteness? effeminacy? homosexuality?),^{xii} since it appears that he might not mean anything at all.

Moral Insanity or Insane Morality

In 'Case of Moral Mania?'^{xiii} written in 1863, Workman seems especially sceptical of the 'purity' of the disease, implicit in which is the 'purity' of insanity itself. Workman has been able to account for other cases of alleged 'moral insanity' in terms of what he calls an 'intellectual lesion' (410).^{xiv} Even the 'purest' cases of 'Moral Insanity' eventually degenerate into 'unequivocal intellectual insanity' (410), as we would expect 'unless, indeed, we can believe that the mind is but a loose conglomeration of sovereign and independent faculties or states, any one or more of which may, when it sees fit, secede from the union' (411) -- a blatant appeal to the Federalist side in the Civil War then raging in the United States.^{xv}

Workman goes to some length to emphasize the regularity of his patient's life, and her good performance at school where her teachers found her 'very clever and attentive' (406), at least before her first 'attack': 'Her previous habits of life were certified to have been regular' (406). The initial attack lasts for some six months and consists of 'K.S.' destroying her clothing by 'cutting out pieces, generally of circular shape, with scissors' -- not without striking indications of the 'order and method' (406) which Workman finds inconsistent with 'genuine insanity'.^{xvi} At the same time Workman suggests that K.S.'s mother might be too hostile to K.S. to be objective: 'A long detail of other bad deeds was supplied by the mother, sufficient to qualify a dozen candidates for asylum lodgment' (406). He himself resolves to be fair and impartial:

Notwithstanding the very unpleasant impression made one my mind by the preceding history, I resolved to treat the girl according to her present conduct, and practically to ignore the entire bill presented by the physicians and the mother. (407)

After three months at the Asylum, K.S. does not appear to be ill; Workman asks her to write to her mother, to inform her that there seems to be 'no necessity for her [daughter's] further detention' (407). When the mother fails to appear to retrieve her daughter, Workman writes to the mother himself on April 20, 1862, and learns by return mail that no letter has been received. The mother comes on April 25, and takes her daughter home.

The daughter repeats her earlier offense. The mother returns with her daughter three or four days later, carrying 'another bagful of samples of her scissorial handicraft' (407). Again, the most striking detail to Dr Workman is the symmetry and order of with which K.S. has vandalized the samples, which indicates to him that 'they were not the work of an unsound mind' (407). Workman concludes:

whatever might be said as to the wickedness or wantonness of the acts, four months' close observance of her daughter had failed to show me that she was insane, either intellectually or morally, and I believed she was quite a free agent in all her conduct, and all her thoughts. (407)

Nevertheless, the mother begs him to readmit K.S. Dr Workman agrees to do so on the basis of a second

certificate of insanity.

On May 1, 1862, the mother duly produces a certificate on which 'lunatic' has been crossed out and a phrase inserted: 'a monomaniac with the propensity to the secret destruction of property' (408).

K.S. indicates that she would like to leave the Asylum, but not to go home. She declines to explain why she destroyed her clothing. Workman decides that K.S. is really suffering from what he calls 'moral insanity', and represents a very good example of the same: 'one of the purest and least complicated I have ever heard or read of' (409).

In committing her destructive acts, it is very certain she felt not "constrained by an irresistible impulse, contrary to her convictions of right," but, on the contrary, she was well aware that she was doing wrong. (409)

Dr Workman interprets the silence of 'K.S.' when asked why she vandalized her own clothing, and even provides her with words borrowed from the patient of another doctor, the famous Isaac Ray. When asked for his motivation, this patient explained that it gave him 'an indescribable pleasure to do wrong' (410). K.S. is an even purer example of 'moral insanity' because Dr Ray's patient was only apparently free from any other mental impairment; K.S. really is, apart from the 'moral insanity' itself, mentally sound.

In a later essay, 'Moral Insanity - What Is It?',^{xvii} a principal factor in Kate's not wanting to go home is her intense hatred for her mother, which Workman unilaterally attributes to the 'unaccountable ... likings and dislikings of the insane' (343). Here Workman is concerned that if he had treated Kate 'not as the subject of mental disease', but as 'delinquent', she would have been sent to prison and 'transformed ... into a real and a hardened criminal' (343), like her sister. We now learn for the first time that Kate has a sister, who rather conveniently illustrates the dangers of the failure to diagnose 'moral insanity' correctly. Instead of indicating that Kate might have had reason to dislike her mother and her home, the sister's disaffection indicates that both women were probably suffering from 'Moral Mania' and that it was probably hereditary. Such an interpretation suggests that 'Moral Mania' was in fact a catch-all for a value-laden critique which emphasized desires at the expense of motivation and context, and which therefore tended to spare family and society at the cost of the patient.^{xviii}

Workman's analysis of 'K.S.' and her moral insanity illustrates something of the complex and equivocal role of the Asylum where he worked.^{xix} The two sisters themselves seem to exist merely as graphic illustrations of the same person, with and without asylum. On the one hand, like Workman himself, it heroically (and rather melodramatically) intervenes between K.S. and the fate luridly illustrated by her sister's contrastively 'tragic' life; on the other the Asylum appears to do nothing about the social reality that women like K.S. seek refuge from. It is urgently needed to prevent more young women from 'falling' as K.S.'s sister did, but it appears to be in complicity with what makes them fall in the first place. Meanwhile Workman congratulates himself as 'many superintendents of large asylums ... state that they have never encountered a case of pure moral insanity'.^{xx}

Paresis: The Asylum Greeter and the Experienced Eye

In his report for 1866 Workman attributes six deaths to 'General Paresis'. He seems willing to allow that while it seems to be more common, that could be a function of more accurate diagnosis, partly due to the disease getting more attention. However, many general practitioners are still not aware of it.

The name, 'General Paralysis', is partly responsible for the failure to diagnose the condition. For one, at the onset of the disease, the patient is 'apparently free from any paralytic affection', or even characterized by an unusual degree of physical excitement: 'more active, lively, and robust' with 'more

mental energy than ever in his life before'. Other characteristics of the disease, such as the patient's voracious appetite, and 'general apparent good health', appear to have nothing to do with paralysis.

The earliest symptom of the disease which appears to coincide with its designation is the 'defective articulation of speech' due to the 'impairment of the lateral muscles of the tongue' (14). This early manifestation is usually accompanied by delusions of wealth or some other incredible attribute. Workman declines to offer any details of the numerous cases at his disposal, partly from reluctance to pander to some readers' appetite for sensationalism, but mainly from reluctance to awaken others' horror at what might happen to themselves 'under the inscrutable decrees of Providence' (15). The lack of any real understanding of the origins of the disease must have made it seem all the more 'providential', and Workman's wards were already too full of people living in terror of providence for him to insensitively add to their fears.

In the nearly contemporary 'Notes Illustrative of the Pathology of Insanity',^{xxi} Workman approaches general paralysis indirectly, as an illustration of the difficulty of accounting for extreme mental phenomena with relatively minor physical changes. The enormity of such mental phenomena, as opposed to the triviality of the pathological phenomena associated with them, seems to refute any simple materialism:

When we become aware of the fact, that the most intense or aggravated forms of mental alienation may be found associated with but few trivial pathological departures from normal condition, may we not be tempted to believe that insanity is not exclusively the product of mere material factors? (1-2)

The power of entirely 'structural' explanation is further undercut by the fact that some many suffer the 'structural' abnormality -- 'cerebral lesion' (2) -- and still enjoy 'unbroken mental integrity' (2).

In 'On Paresis'^{xxii} Workman wishes to dispense with the term 'General Paralysis' for a disease which does not involve genuine paralysis until its very final stages (358). He describes with considerable dramatic flair how, in its early stages what he calls Paresis is marked by symptoms radically different from its end:

The budding subject of our so called general Paralysis is the very antithesis of a paralytic. He is all life, all energy, all self-assurance, all speculativeness, all fearlessness, and all hopefulness. He feels stronger, more healthful, more youthful, than he ever before felt. (357)

Workman obviously savours the discrepancy between the patient's appearance of health and the reality; he delights in the sheer drama of the disease, the degree of the contrast between appearance and reality and the height of the fall of the victim, the irony of public misapprehension and ignorance, the mystery of professional wisdom:

it will be found of frequent obtainance, that paretics have been men of unusual mental force and grasp. Some of them may have made achievements that have astonished their quiet, cautious, neighbours; but this astonishment has finally been eclipsed by one far stranger, and far sadder. I feel sure that there is not one who now hears me, (but more especially not one of maturer years), who has not witnessed mental dethronements of the sad character here alluded to. (358)

More precisely, he relishes his privileged ability to see it when the patient's 'family and friends, and not seldom his medical adviser, share in the delusion' (357). Paresis occasions a triumph of medical lore and experience over the deceptive charms of youth if not youth itself, gratifying to the older physician who

remarks like a baleful epicure the 'dozens of such athletes' that have been sent to him, 'ticketed as most promising cases' (357), but marked by him for something else. Workman puts his faith in his diagnosis, specifically in the diagnostic power of his own 'practised eye' ('Notes Illustrative', 9) and even ear. For as muscular impairment 'becomes more extended and more apparent' (report for 1859, 18), even an experienced 'ear' can identify a paralytic patient just by the sound of his uneven tread: 'The very sound of the foot on the floor is characteristic' (18). Workman speaks of a way of seeing, cultivated by training and experience, that enables him to penetrate appearances of life and health to a reality of disease and death. As if with the mythical 'X-Ray' he dissolves the general paralytic's characteristically cheerful plumpness to a cynical Death's Head whose processes he unravels a posteriori in the mortuary. His very gaze seems deadly; if not exactly lethal in itself, it marks the living for a death it exposes as its vindication and triumph and subsequently its entertainment and reward. Through his musings and broodings what sharply emerges is the pattern: the arrival, the deceptive appearance or even apparent improvement, the gaze, the aggravation of the condition, death, and a few hours later the autopsy.

In the second part of his essay (in *The Canada Lancet* 11.1 (1878): 1-5), Workman attempts to define the disease still further. It is painless, or at least without 'head-pain' (1), mainly afflicts men, and advances -- or rather has been thought to advance -- in three stages:

It has been usual to speak of the first stage as that of incubation; of the second, as that of full development, or pronounced maniacal disorder; and of the third as that of established dementia, with unequivocal subversion of both bodily and mental competency. (2)

He extracts the most melodramatic elements from the situation, as he describes the patient's 'weeping friends', after reason 'no longer holds sway', forced to 'submit' him to the 'extrinsic control' of the asylum (2). The tableau seems to be almost a part of the disease, another symptom at the end of the first stage.

Usually the first physical manifestation, which would mark the beginning of the second stage, is 'that peculiar blunting of speech articulation, or tongue-lameness, which so closely resembles the thickened utterance of drunk persons' (3). Other symptoms include 'a paretic irregularity in the gait' (3), and the third a keen appetite, than which 'no symptom is more significant' (3). This might alone have led to some diagnostic confusion, suggests this Irish doctor, because of the normal voracity of English eaters.

Workman illustrates the final stage with the case of one Sam Alderdice, formerly an expert hunter, whose only word for food was 'duck', his 'gastronomic beau-ideal' (3). He is Thomas Moore's '"vase in which roses has once been distilled"' (3-4), broken but dignified somewhat by some vestigial capacity for what it once held more of whole. Ever the moralist and social critic, Workman cannot forbear drawing the obvious moral:

The mind that gathers and skilfully distils the roses blooming on life's pathway, may, even when shattered by disease, give out fragrant perfumes, whilst that which has become saturated with the fetid emanations of poisonous weeds, must disgust, or corrupt, all that approach it. (4)

Like most of Workman's patients, the paretic has his special place in the physical arrangements of the asylum. He becomes the 'greeter' of the institution as, in his extroversion, he publicly welcomes visiting journalists, whom Workman characterizes, incidentally, as 'second class novelists, and newspaper twaddlers' (report for 1859, 19); he should have known, having been one himself. Consequently paresis becomes the most public form of madness, as journalists make him 'the hero of their insane caricatures' (19). However, Workman cannot forebear reminding us, visitors are 'astonished' to learn that their greeter will soon be afflicted with 'the most abject bodily and mental prostration' (20).

Religious Insanity: Man-Made Plagues

In the report for 1859, after analyzing cases by kind (suicidal cases: 21; religious delusion: 24; hereditary taint: 18; General paralysis 5; epilepsy: 4), Workman focuses on 'religious delusion'. He argues that it should be further broken down into 'physical religious excitement' and 'reasoning mania', the latter being on the rise. It especially afflicts people suffering from the delusion of having committed 'the unpardonable sin' (13) and who believe themselves to be damned. 'Reasoning mania' appears to derive from Esquirol; Workman suggests that some varieties of 'Religious Madness' are just specific kinds of the 'Moral Insanity' discussed above.

It is impossible to reassure patients with 'Reasoning Madness' by reason, because they have already reasoned too much, and can refute any arguments made to dissuade them from reasoning more. The Asylum then becomes important as the only place where they can really get any rest -- they need the 'mental vacuity of a mad-house' (14), as Workman puts it. According to Workman the madness of the other patients is virtually therapeutic for these 'reasoning maniacs', since it precludes the latter from engaging in arguments, and also illustrates as in a mirror, and more convincingly than any reasoning could, their own deludedness.

In the same report Workman discusses under 'religious excitement' the case of a woman who had been committed once before, in 1857, when her 'noisy, obscene, profane, indecent, quarrelsome, destructive and restless' behaviour (25) was attributed to malaria. Since the woman's symptoms are the same on the second occasion, Workman concludes that the true 'exciting cause' of her madness was not religious excitement, but malarial infection. Already in a 'disturbed mental condition' because of her illness, the woman was driven mad by 'religious uproar'. Workman suggests that in many cases of alleged 'religious excitement', such excitement was an essentially accidental cause of a condition to which the patient was already prone by other factors; something else might easily have had the same effect. In the second case of a man of sixty-one 'religious excitement' causes mental disturbance but not insanity. Disturbed by attending 'religious excitement meetings', the patient is 'bled, blistered, and purged' (26) by two doctors, becomes 'incurably mad', and dies. Workman suggests that while the patient might have 'appeared insane' (26), he was in fact reacting rationally to the situation; the preacher who upset him so much, and the doctors who failed to consider the reasons for his behaviour, and who drove him permanently mad with their brutal treatment and eventually killed him, are themselves irrational.

Only the last case of a 'boy' of 19 appears to be mainly the result of 'religious excitement'. The young man believes that he has committed the 'unpardonable sin' (26). Convinced that the 'beast of the bottomless pit' lodges in his head, he picks at his skin till he creates a 'deep sore' in his forehead. Yet even here Workman implies that the boy's delusion might be the result of something else, perhaps the deprivation of this boy's life on a Canadian bush farm, his principal entertainment being the Bible and 'such religious books as he could obtain' (26). It is the greatest implicit criticism of recent treatment, that the most positive factor in his recovery is being a patient too late in history to be subjected to it.

In 'Insanity of the Religious-Emotional Type, and its Occasional Physical Relations',^{xxiii} 'Religious-Emotional Insanity' is classed among those forms of madness, such as 'Puerperal Madness', whose characteristic 'moral contrasts, or utter reversals of conduct and character' (33) impress the 'uninitiated observer' (33). Workman seems quite impressed himself, as he describes the 'dethronement' (33) of morality in 'Puerperal Madness', and the afflicted patient's sudden expression of 'foreign' ideas in an 'alien' language.^{xxiv}

Workman himself feels 'constrained' to regard such outbursts as 'the product of morbid extemporization' (33), if only out of distaste for regarding such phenomena 'moralistically', or from 'a

mere metaphysical stand-point', as expressions of 'latent depravity' (33). He luridly over-writes, to characterize this 'demonic' position as itself a lurid fiction, as he describes how, according to its partisans, latent depravity 'finding now an opportune occasion for its evincement, throws aside the fetters of conventional restraint, and stalks forth as the undissembling exponent of a corrupt and sinful heart' (33-4). However, the 'reasonableness' of his own position is expressed in language scarcely less metaphorical, not without its own value-laden metaphors, distracting analogies, and indeed 'metaphysics':
the medical observer who has well studied the wondrous fabric of our organization, and the functions of its various parts, and who recognises the wisely ordained inter-relations subsisting between mind and its confederated corporeal dependencies, interprets the language of insanity, whether of the puerperal, or any other form, in accordance with a widely different canon. (34)

The relationship of the mind to the various physical or physiological components of the body as that of a federal power to dependent states or provinces is obviously one of Dr Workman's favourite analogies, perhaps his favourite topos of the 1860s. Its physiological tenor seems consistent with his next assertion that religious insanity is really due to the disorder of a 'special organ' in a 'morbid condition' (34). To effect a cure, all one has to do is remove the morbidity.

The reversion to obscenity which is characteristic of 'Puerperal Madness' becomes radically more problematic when it is associated with religion. Workman's implicit point seems to be that, given the association of such outbursts with demonic possession in non-religious madness, the association in religious forms should be at once stronger and more problematic.

Through such euphemisms as 'the inexperienced' and 'the uninitiated' it is apparent that what Workman really fears is much less the attitude of colleagues than the attitude of 'the public' who cannot easily accept that 'assiduous readers of the Bible and good books, are, nevertheless, at times addicted to the use of very profane, or obscene language' (34-5). For Workman insanity, or at least its 'religious-emotional' form, seems to effect a kind of reversal in those it affects, transforming pre-existing traits into their exact opposites, 'fervent prayer, or tranquil expression of pious thoughts, to the utterance of horrifying imprecations, or ribald blasphemy' (35).

The case of a woman of 'excellent religious character', but who was nevertheless afflicted with such 'paroxysms', illustrates such a transformation. Her appearing to suffer as well from a diseased uterus, facilitates a transition to topic of the connection between 'religious melancholy and abnormal condition of the generative organs' (35). Finally sexuality is added to an already volatile mixture of religion and seemingly demonic possession.

Workman and his colleagues have evidently had to address precisely this combination in female patients; in such cases the doctor risked becoming himself a sexual component of the delusions:

For my own part, I have long since learned to be very shy of every female patient in whose case marked religious emotional manifestations have been presented. I have known some very unpleasant mistakes made in private practice, from inadvertency in this direction. (36)

He recounts the case of a woman with uterine trouble and a disposition to religious madness, who falls in love with her physician after a few examinations. Workman considers the latter partly responsible, for not having kept his visits 'short and unfrequent as possible'. After the physician severs his relationship with the afflicted woman, Dr Workman dismisses her as insane, but her friends believe she is suffering from 'disappointed affection' and blame his colleague.

One of his own patients, admitted into the asylum in 1860, 'aged 39, of very delicate structure, the

mother of four children' (37), and a constant reader of religious books, desired to 'prolong conversation'. He recalls how she ran away from home and was later found with her youngest child, in the church to which she belonged. She improves after four months when she is brought home by her husband; two years later her condition deteriorates again and she is brought back to the asylum, with the same symptoms only much worse than before. Dr Workman somewhat delicately notes the 'somatic movements' of 'uterine trouble': 'It is not necessary before an audience familiar with such occurrences, to enter into painful details' (37). The subsequent autopsy confirms that the 'primary seat' of the disease was the uterus and ovaries; the woman's regular doctor confirms that 'he had found the erotic tendency a serious difficulty to deal with' (38). Workman seems to have discouraged what appear to have been the woman's sexual advances, first by not allowing her to prolong her conversations, and second by preserving a 'duly cool demeanour towards her' (37).

Workman's thesis is finally stated in a rhetorical question: 'Does a rational psychology forbid belief in the conjuncture of emotional-religious insanity, and a disturbed condition of the sexual economy?' (40). Yet the way Workman phrases his thesis seems deliberately misleading, since the real question must be not whether the implications of these cases are compatible with science, but whether they are compatible with religion or at least contemporary notions of it. The later rephrasing of the question belies what it is that Workman really doubts: 'Is the idea opposed to the revelations of Physiology, or Pathology?' (40). Workman's idea is more emphatically opposed to the 'revelations' of religion, as he accounts for 'religious insanity' in such a way that it could be taken for religion itself, essentially because he never clarifies precisely where religious behaviour ends and religious insanity begins.^{xxv}

The idea of there being any connection at all seems rooted in the notion that the relationship of mind and body is, at least when working well, a 'continually perfecting process' (40). Workman cites authorities on 'Psycho-somatics' like Professor Lazarus, and 'the late lamented Griesenger' (40). But he seems to anticipate some sort of clash with religious authority when, even as he encourages colleagues to persevere at 'Psycho-somatics', he warns them to 'shut out all other considerations than our unwavering allegiance to truth' (41). Those 'other considerations' must have been considerable.

Otherwise, he would not have found it necessary to conclude by arguing that, provided of course that some sort of 'psycho-somatic' connection really exists, its religious/sexual corollary actually indicates 'divine forethought' (41). Some sort of connection between man's religious capacity and his 'procreative organization' (41) is precisely what separates him from beasts. Normally such a connection serves as an invisible control; however, 'under changed conditions' (42), the religious connection becomes only too obvious. Thus Workman defends the connection between religion and sexual disorder, on the grounds that it is an aberration of a connection that is always present but usually, because of its benignancy, unnoticed. This is perfectly consistent with Workman's thesis, expressed earlier in the same article, that 'the vices of humanity seem to be but perverted, or badly educated virtues' (35).

Delineating relationships among such volatile factors as religion, sexuality, and madness, enables Workman to define his own role all the more heroically. The controversial nature of his subject entitles him to the same vatic and prophetic stance he adopted to speak out against masturbation. This is subsequently reinforced by his application to himself of terms like 'initiate' implying a special knowledge or mystical or religious lore. Terms with strong scriptural and religious connotations like 'wondrous fabric' or 'wisely ordained inter-relations' are applied to his subject but redound to himself, the 'medical observer' as pious exegete of a quasi-biblical 'language of insanity'. He does much more than simply read these 'wisely ordained inter-relations' where they are obvious, but actually re-asserts them where they have been forgotten, in the very connections between sexuality and religion that religious people themselves find so disturbing. Thus he seems to supplant his opposition.

Finally Workman seems to make some rather self-critical connections between the history of religious

madness and the history of his own profession and development. On the one hand such connections are self-critical; on the other, they are extremely self-interested and sometimes rather flattering. His assimilation of the history of religious madness into the history of emerging psychiatry suggests that the latter is now the sane religion.

In 'Demonomania and Witchcraft',^{xxvi} he sees himself and his professional colleagues as at once similar to, yet distinguished from the 'superstitious persecutors' of the past: 'We protect, and house, and feed, and clothe, and soothe the poor witches, --yea, and by these simple means, do we not expel the Devil out of a great many? We do!' (17). It is probably no coincidence that the fervid language specifically defends the 'moral therapy' which was increasingly seen to be ineffective. Workman again seems to make a comparison only to highlight a favourable contrast when he identifies the present Asylum population in Britain (70,000 at time of writing) with the same number of alleged witches burnt to death over a 70 year period. Earlier at least half that number would have been murdered as witches. Historically then the Asylum seems to stand between its inmates and the stake. Even if (Workman seems to suggest) some of its mad are no madder than those witches were witches, asylum is better than burning.

In the same article Workman employs the analogies of the phoenix (mythically renewed by what should destroy it) and the hunted fox (apparently multiplied by what should eradicate it), for the proliferation of witches despite or because of all the ostensible efforts to eradicate them. Such analogies illustrate something like the complicity between disease and self-interest remarked throughout this paper: the strange cooperation if not collusion, and near similarity of ostensible opposites, ostensible foes. Such 'lunatic' histories comprise Workman's history of early psychiatry, as he does ours:

Would that we could erase from our history the entire record! but we cannot; perhaps it is best so, for who can say how nearly now we approach the domain of mental darkness, and puerile credulity? (11)^{xxvii}

Other Constructions: A Deteriorating Reality

In his Report for 1867 Workman relates the completion of the new Hospitals. Emphasizing their "ventilation, genial warmth, and general comfort" (1867, 40), he insists, in a way that foreshadows his later semantic scruples over the word "Asylum," that they are less "Hospitals" than "Homes":

cheerful Homes, in which the health of the feeble, who require particular care, may be improved, or upheld, and the susceptible minds of the gentle and quiet may escape that disturbance and irritation which, in the Chief Asylum, can not be averted. (1867, 40)

If a technical term like "ventilation" seems slightly incongruous among Workman's "homy" attributes, the "Hospitals" had a practical therapeutic purpose too, the control of Workman's ever-dreaded epidemic disease, in the event of which Workman was confident that his "Homes" would prove "highly serviceable" (1867, 40). Ironically, the first occupant of the Western Hospital, intended for males, was neither a man nor a patient but a nurse "who had contracted scarlet fever" (1867, 40).

If these Hospitals were "home-like," the main building appears to have been a rather chaotic place. Workman's concern that "had the girl remained in the crowded ward to which she belonged, not only would her own life have been imperiled, but in all probability the disease would have spread through the house" (1867, 40), raises some interesting questions about the welfare of patients:

The improvement in her condition, which became obvious almost immediately after her removal to the Hospital, sufficiently demonstrated the sanatory qualities of the house; and the fact that not another case of the disease occurred, proved the great value of this means of isolation. (1867, 40).

Nurses ought not to improve so dramatically immediately upon removal from their own wards. Workman seems either strangely obtuse to the implications for his institution, or too jaded to the reality to notice.

After expressing his intention to present his new Hospitals (or "Homes") in "ornamental surroundings of shrubberies, flowers, and pleasant walks ... not unworthy the respect and imitation of other countries," consistent with his "earnest purpose to elevate the character of the Toronto Asylum" (1867, 40), he indulges his passion for lowly and unaesthetic matters of plumbing, heating, and ventilation. The ventilation of the "water-closets" is his peculiar hobby, mainly because he has invented his own system of it, "at once the cheapest, the simplest, and the most efficient in existence" (1867, 41). He describes it in detail:

the insertion of a three-inch lead, or galvanised iron, air-tight tube, into the soil-pipe, below the pan, and three or four inches above the surface of the water in the goose-neck trap. This air-pipe is carried to the nearest chimney with good and constant draft. (1867, 41)

The beauty of his invention is that it effectively "converts the water-closet pan into a quasi tobacco-pipe bowl" (1867, 41). However, it will never be widely adopted, he cynically admits, "unless by persons of common sense; therefore its extension will not be very rapid" (1867, 41).

He discusses the new Griffith's Ventilators almost as circumstantially, complaining that in calm weather their heavy blades are "utterly useless, or a little worse," and in stormy weather a source of "internal congelation and increased consumption of fuel" (1867, 42). He concludes this section on the Hospitals with another detail of ornamentation, itself rather "ornamental":

In the upper iron sash of each window is a hinged pane, with a proper fastener, to admit fresh air when wanted. The lower sash is of wood, and is hung with weights. It is easily raised. An ornamental iron guard is placed before it. (1867, 42)

Workman dramatizes himself writing the Report for 1870 as if right "in the midst of a heavy wind and rain storm" (1870, 20), listening to the noise of these recently purchased "Griffiths ventilators" over the "hubbub" of the disturbed patients. The Asylum must sometimes have been a very disturbing place. As such it serves as a foil for Workman himself, its sane centre.

In this and subsequent reports Workman discusses another long-standing obsession, the construction of the Wings, interrupted in the summer "for want of funds" (1867, 48). Each wing will consist of 72 separate apartments measuring 12 by 6 feet, and a dormitory for 18 patients. With the Wings and the two Hospitals, the Asylum will acquire additional accommodation for from 230 to 240 patients, for a total of 650 to 700 patients. The East Wing is expected to be entirely covered by November of 1868. Carpentry will be completed over the winter, with plastering finished "early in the season," making the building ready for occupation by late November of 1869. The brick-work of the first story of the West Wing is nearly completed, and it will be ready for occupation by 1870. At the same time two of the East Wing's wards will immediately be filled with patients from the University Branch, to be closed after 13 years of operation; a remaining ward "[will] be fitted up for a higher class of paying patients than we have hitherto been able to accommodate" (1869, 11). Inspector Langmuir describes the incoming patients as "all hopeless incurables" (1869, 4-5). Opening a new wing, but closing a Branch and establishing a "high-class" paying ward, leaves the Asylum with fewer new places for free patients.^{xxviii}

Workman chooses to emphasize the positive aspects of these "accommodations," stressing that at least for these 24 "higher class of paying patients" there are separate "one-bedded" rooms, "handsome"

parlours, and a "capacious" dining room (1869, 11). The main corridor is an impressive 100 feet long, with transepts half that length, and the verandas at the south end of the corridor "afford the finest prospect to be had anywhere in this locality" (1869, 11). He concludes with complacent conviction: "I do not believe that in any Asylum in America, a more cheerful residence is afforded" (1869, 11). The prospect could not have been so good for long however, since by 1870 Workman is complaining in typically splenetic style about its occlusion by "that horrible conglomeration of ugliness in the south, yclept the 'Crystal Palace!' and its tag-rag congregation of stables, cowsheds, pig-pens, and other deformities, that would disgrace any town other than muddy York" (1870, 17). Elsewhere he describes the case of a 'pretender' who was 'better pleased with Asylum lodgment and diet than with hard work at home', perhaps because it suggests that life inside the Asylum was better than life outside it -- the kind of reversal he relished. Workman asserts that 'he was one of a class which is rather more numerous than it should be' (1867, 46). Perhaps one was too many. It is hard to believe, from the following, that anyone could really have made it his ambition 'to eat the bread, and to occupy the bed, which should be bestowed on the truly afflicted' (1867, 46). Or perhaps the man really was mad.

Indeed, portions of Workman's Annual Reports read rather like advertisements in a catalogue competing for 'lunatic' business, as when he insists that the insane in Ontario are 'more amply and promptly ... proportionately more largely and comfortably' treated than in any 'State in the American Union ... [or] country in Europe' (1871, 20). But he concludes even such panegyrics on a baleful note, complaining sourly about the 'quality of cases coming in', regretting the absence of 'vacancies from discharges', and remarking the continuity of the narrow Asylum beds with 'their last narrow beds' (1871, 20). His comparison implies, in a form less intended to move people to action than his earlier rhetoric, some connection between his 'no vacancies' and something like premature burial. One knows from reading his earlier work that governmental and bureaucratic policies are responsible for a condition to which his figure of speech now lends an air of inevitability and defeat.

Increasingly something of what must have been the real character of the Asylum emerges "between the lines" of otherwise laudatory reports. These often appear in the form of contrasts the negativity of which is overlooked for some other point which Workman wishes to make, or as observations which accidentally suggest a context besides the one they were meant to describe.

Thus in the Report for 1869, indicating an almost incredible thoroughness, Langmuir claims that he "saw every patient in the Asylum, and entered into conversation with many of them" (1869, 3). Except for an unspecified number of exceptions, mainly women, the patients are generally "quiet and tranquil" (3). For some reason a number of patients are noticeably happier than they were for his last visit. Approving the "personal cleanliness" of the inmates, he nevertheless regrets their "prison like" attire. He observes that in the "orderly wards" meals are served in orderly fashion, but still expresses his offense at some particularly glaring examples of "disorderly" behaviour, and his general impression that "a better classification" would be "very desirable" (1869, 3). Passing through the wards "at night after the inmates [have] retired" (1869, 4), Langmuir appreciates the "good" ventilation (1869, 4) of all but one of the wards.

Throughout the rest of the same Report, Workman glances at "the reports of the English Commissioners in lunacy" (1869, 14). He seems especially, and perhaps rather defensively, irritated by an idealism which he now considers to be arbitrary, inadequately empirical, uncompromisingly deductive. Their uncompromising principles have more to do with past practices, than practices intended to improve the conditions of patients. While admitting that "no less than 12 in our 26 deaths this year have resulted from pulmonary consumption, of which only 3 were of the manifest, whilst 9 were of the latent form" (1869, 13), he defends himself against the criticism of an unnamed English writer, that "our hygienic condition must be bad in order to produce so high a proportion of deaths from consumption" (13). He

angrily asserts that if English post mortem research were as thorough as his, "their proportion will not be found less than ours" (13). He observes that, since the average English mortality rate is twice his, it would be very surprising if a large proportion of those deaths were not due to consumption as well as general paresis, at least among women. From January 1, 1865 till the time of writing (October, 1869) the death rate from consumption has been 15 men and 34 women out of a total of 121, or about 40%. Finally, rather than speculate, he urges his English reader to "[o]pen the thorax after death and see" (13), perhaps as good a way as any for a doctor to tell a doctor to go to hell.

He is similarly sensitive about the issue of non-restraint:

despite of all the boasted superiority of English over American Asylums, with regard to the system of non-restraint, it does not seem to have any influence in the prolongation of life; neither have the American Asylums, in their proportion of recoveries anything for which to blush in the comparison. (1869, 13).

He compares the attitude of English doctors to restraint to that of temperance workers to alcohol. Total abstinence makes a certain psychological sense as a form of expiation for past offenses, but is not always beneficial; alcohol sometimes is.

Workman argues for allowing more patients to be "in bed," or at least for not making such a virtue of their not being "in bed" during inspections. First, such an attitude is based on a false premise, that the proportion of patients not "in bed" at a given time really is "the crucial test of a high standard of general health, and of successful medical administration" (14). Such a proportion has little to do with the condition of patients, unless perhaps to distract people's attention from how bad it is: "a parading of the fewness of daylight bed-keepers in the face of an average mortality of 10 per cent" (14). With Swiftian irony, indignant at its very necessity, Workman suggests that psychiatrists undertake "a thorough discussion" of granting patients "the privilege of lying down one of the most valuable therapeutic agencies at the command of Asylum physicians" (1869, 14). Curiously, in his portion of the Report for 1871, Inspector Langmuir insists on counting the number of patients in bed, a practice which must have annoyed Workman to no end. Such comments reinforce the hypothesis that Workman resigned in 1875 over friction between himself and his Inspector.

Precisely what kind of order prevailed at the Provincial Lunatic Asylum is a persistent question. In the Report for 1871, Inspector Langmuir complains about patients crowding and even huddling in their wards, because intimidated by the "spacious" corridors. Their size and the building's much-vaunted ventilation does not prevent the air from being "a good deal vitiated" (1871, 3). The practice would be "suggestive" of "too cold an atmosphere" in the corridors, if patients did not huddle there year-round. He admits that the corridors are somewhat forbidding because of their vast size, and emptiness; they could use some furniture, maybe a few chairs would be a good idea "at intervals along the walls" (1871, 3). As for other furniture, Langmuir reports that the "straw beds, on the male side, were very hard from over stuffing" (1871, 4). Epileptic patients slept on the floor, rather than risk falling out of bed. This must have been cold as well as uncomfortable, considering that it was still September and the "extra winter blankets" (1871, 4) had not yet been distributed.

The province desperately needed a system of 'secondary asylums' for the chronic insane, as Workman originally proposed in his Report for 1865:^{xxix}

six secondary asylums [for each union of counties representing 250,000 inhabitants], each to be capable of lodging comfortably at first, 200 patients, and of enlargement to the extent of lodging 400. (16)

The asylums at Toronto and Kingston, and the one to be constructed in London, would subsequently become 'primary' institutions, devoted entirely to curable patients. But there has been too much

speculation, too little action, despite an ever-growing mad population: 'sic itur ad astra', Workman balefully puns, 'so we go to the stars, but alas, our insane, meantime to the stripes' (1868, 16).

Workman indicates a three-fold increase in the number of insane people in Ontario asylums and gaols since he became Medical Superintendent in 1853. With a combined population in the asylums at Kingston, Malden, Orillia, and the University of slightly more than 1,000, and a total provincial population of 1,500,000, the "lunatic" population appears to have increased by 200 per cent, compared to only 50 per cent for the rest of the population. However Workman refuses to believe that in the last fifteen years insanity has increased four times ahead of the population; instead, accommodation of the insane reflects the capacity of the state to accommodate them, not their proportion of the general population: "the more ample the provision made for this class of our afflicted fellow-beings in any country, the larger will appear the number requiring it" (1868, 14). For proof Workman points out that communities close to asylums always send in more mad people than remote ones. One might wonder whether Workman is addressing a problem of physical accommodation or one of attitude, whether he believed that society could never possibly accommodate all its mad, or that society would always feel that, however many "mad" people it confined, there were always more at large. At the very least he seems to appreciate that to some degree the "mad" designation was a relative one, contingent on non-physiological factors. Finally he asserts that "all we require to do to ascertain that insanity is more prevalent than at present it appears to be, is to build more asylums for its victims" (14). Incidentally, and perhaps unwittingly, he exposes the potentially self-interested circularity of the Asylum movement, for which he was generally a spokesman and exponent. This brings him "dangerously" close to Andrew Scull's hypothesis that merely by virtue of existing, Asylums actually reduced the level of tolerance in the communities they served: "If the availability of institutions is in fact productive of decreased tolerance, then expansion of the asylum system should always produce increased numbers of crazy people" (240).^{xxx}

By 1870 his plans to address this crisis of accommodation have been met with silence from 'the fountain of all public wisdom, and the Hercules of all public reform' (1870, 16)^{xxxi} -- an especially bitter remark from Workman, himself an old newspaper man and skilful manipulator of public texts. From Workman such a remark seem tantamount to apostasy. Workman's insistent complaint is that the public take no real interest in his Asylum or the well-being of its inmates. He has had to listen too long to their enthusing over the great size of the painfully crowded building ('of such size [to] ... lodge all the lunatics in the Dominion' (20)), without their bothering to determine how many lunatics there were, or whether 'the inmates sleep one in a bed, or five, or whether the sitting-rooms, dining rooms and corridors are not all filled at night with beds' (1869, 20). Of course, no one consistently took such delight in broadcasting the dimensions of his building as Workman himself, so his revulsion is a measure of his disillusionment. One might also suppose that he is irked by the possibility that such rhapsodies are really veiled criticisms of the enormous public expenditure that failed to produce a cure. They probably conveyed all kinds of irony to him, even when none was intended. Toward the end of his career Workman seems to have missed as much as he got. In his report for 1869 his attempt to present insanity as a lesson in human frailty backfires, from the failure to take his own into account:

How instructive and humbling the thought, that functional or structural changes in our organization, often so trivial as to be untraceable, may determine the entire difference between the philosopher and the madman, the pious saint and the reprobate blasphemer, the dutiful loving son and the parricide, the chaste matron and the grossly obscene puerperal maniac. (1869, 19-20)

Yet his juxtapositions seem to raise the possibility of madness only by removing it from social discourse; its possibility is essentially the possibility of isolation and stigmatization. Visitors fail to get the point,

insanity being to them little more than 'a vulgar accident from which they are sure of exemption' (1869, 20). Flattering themselves that they are invulnerable to madness, they are the most likely to go mad, if they are not mad already: 'God help them! Danger is ever most imminent on our blind side. None are so likely yet to be Asylum inmates as those who flatter themselves they never can become such' (1869, 20).

Workman's argument appears to be based on the assumption that sanity is ultimately possible, at the same time the starkness of the oppositions makes it appear difficult to maintain. Not many of us can be philosophers, saints, and "dutiful loving" children. That aside, the intensity of his opposition between 'sane' and 'insane' actually subverts the ostensible object of his argument, to make us -- the public -- more humble and accepting of the "insane." Finally, if the effect of his argument is supposed to be greater humility and tolerance, it has evidently failed to work on himself, as he celebrates the same kind of complacent moral victory over his public that he alleges they celebrate over the mad -- unwittingly confirming the last part of his argument by demonstrating a few blind-spots of his own. That he cannot see them suggests that his discourse really has become a monologue.

These final reports dramatize Workman's increasing exasperation not only with the conditions at his Asylum but also with the public, and the public discourse that seems unable to redress them -- as illustrated by his own public discourse, with its tendency to reproduce the very attitudes and errors it decries. He appears, by his own rhetoric, to have written himself into a corner, to have made himself the spokesman for a public with which he would rather not agree.

Perhaps he has also become a bit absurd. He preserves in his Diary a clipping from the *Globe* of December 12, 1874, a rather nasty critique of his rhetoric in annual reports like the ones we have just discussed. The critic argues that even if Workman were witty, the display of wit in an annual report would be an 'impertinence': 'in an official document it would be better to curb his fancy'. The journalist and rhetorician who sought to effect real changes in his society is accused of a species of literary narcissism, and of aestheticizing the illnesses of his patients (ie., 'It is perhaps clever to personify in a report the delusion of a patient, and to speak of him giving up 'his naughty tricks' is more picturesque than to say that with recovered health the delusion vanished; but the cleverness and picturesqueness would be, even if of a higher order, impertinence in a report'). The critic unkindly suggests that Workman might himself be mad. Workman's silence now seems as eloquent as anything he wrote.

Some Observations

Workman's notions of disease reflect, as much as any strictly pathological phenomena, the heroic role that he creates for the physician and for himself especially, the amount of material support that he believes such a role requires, and the inadequate institutional support for such a role in 19th-century North America and especially at the Toronto Asylum. The transition from a heroic period of building to a pessimistic period of compromise and accommodation is reflected in constructions of disease focussed on the Asylum itself. Toward the end of the nineteenth century, the Asylum has become not unlike the hereditary "diathesis" of contemporary etiological thought.^{xxxii}

Workman's language, no less monumental and (at times) obsolete, nevertheless helps us to understand one phase in the discourse of madness. Without it we probably cannot hope to understand the whole or know where we are with our own discourse. Workman does not seem to have fully appreciated where he was with his, until it became a dead end. This alone would make him instructive, worth reading. It is widely accepted that madness has been silenced from about the middle of the 17th century, but the effect of this silence on the authorities -- on the lop-sided and misshapen discourse that remained -- is still imperfectly understood. Reading Workman's texts helps us to understand what happened.

Finally, the thesis that Workman approached mental illness as an essentially physiological disorder, or that he "dismissed the long list of supposed 'moral' agencies to which asylum superintendents in the early part of the nineteenth century had assigned causal primacy,"^{xxxiii} appears to be largely based on uncritical assessments of Workman's own unself-critical pronouncements about what he thought he was doing. It should be revised or at least reconsidered in the light of how, in Workman's texts, even such causes appear to have been motivated. Most of the diseases discussed above are in complicity with the social arrangements intended to address them, with the doctor, and with language. This tends to refute those historians still addicted to the hagiographic "great man/pioneer" school of medical history, to whom the notion that a medical doctor is not necessarily more rational and objective than anyone else amounts to apostasy.^{xxxiv} Yet despite the interestedness of Workman's presentation of "diseases" like masturbation, paresis, and moral mania, respectable historians^{xxxv} still tend to exempt him from the application of arguments like Andrew Scull's in *Museums of Madness*,^{xxxvi} Constance M. McGovern's in *Master's of Madness: Social Origins of the American Psychiatric Profession*,^{xxxvii} and Ellen Dwyer's in *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*.^{xxxviii}

While there appears to have been a discrepancy between what Workman thought he was doing and what he really did, he thought less of what he did all the time. Very late in his life he translates part of one Professor Tebaldi's *Ragione e Pazzia*, a masque-like satire of doctors' arrogant assumption that they can identify the physiological origins of insanity.^{xxxix} The subject of this post-mortem is a strikingly female personification standing for a range of things including genius, inspiration, and the soul. The post-mortem itself is a self-important search for truth where it cannot be found. Today Workman might inspire us to seek it in language, or not at all.

- i · See Thomas E. Brown's item in the Dictionary of Canadian Biography, vol. 12 (Toronto: U of Toronto P, 1990), 1122-27. Brown's 5-page essay is the best secondary source of information on Workman and his importance.
- ii · For the sake of simplicity quotations from the annual reports of the medical superintendent, for the years 1853 through 1905, are referred to by year and page number. A complete series of these reports is available on microfilm at the Archives of Ontario in Toronto and most can also be found in the Archives of the Queen Street Mental Health Centre. The institution referred to simply as the Asylum officially opened at the Queen Street location in 1850 as the Provincial Lunatic Asylum. In 1871 it became the Asylum for the Insane, Toronto. In 1907 it became known as the "Hospital" for the Insane, and in 1919 it was identified as "Ontario Hospital, Toronto." I refer to it as "the Asylum" throughout this work -- a simpler and less euphemistic designation. Some of the 'traffic' in Annual Reports among Asylum Superintendents is indicated in a series of letters from Workman to Dr Edward Jarvis (Superintendent of a private asylum in Dorchester, Massachusetts), preserved among the Edward Jarvis Papers in the Francis A. Countway Library of Medicine in Boston (typed transcripts of these are available at the Archives of the Queen Street Mental Health Centre in Toronto). On August 20, 1853, Workman indicates that he has sent Jarvis three back-issues of Reports concerning the 'temporary asylum' which preceded the permanent institution of which he became Acting Superintendent that year. In the same letter Workman expresses his opinion that even in cases of religious madness, 'there is always a predisposing cause which renders the individual liable to the malady'. He rather disingenuously flatters Jarvis as one who has 'no doubt bestowed much attention to the subject of insanity', and invites the more experienced alienist to send him 'at an early date, a list of the best recent authors on the subject of insanity'. On November 1, 1855, Workman acknowledges receiving from him '17 copies of your report on Idiocy and Insanity', no doubt for distribution in Canada and probably in England too. He apologizes for his slowness in sending Jarvis, in return, copies of his own latest Report, 'presented to the Legislature in June 1854', which appears to have been held up at the printer's. He also expresses his satisfaction, after a convention he attended in Boston, that 'my own asylum here is, in many respects, perhaps in the main, superior to any which I visited'. On December 17, 1863, Workman complains, in a letter marked 'Private', that the Chairman of 'an incompetent Board of Inspectors of asylums and prisons -- men pitchforked into office by political influence', one Dr Tache, has printed a report criticizing 'a communication of mine to the Govt on several matters relating to this asylum'. These matters obviously included the problem of crowding, since Tache faulted Workman for accommodating fewer patients per square foot than his counterpart at the Beauport Asylum in Quebec; Tache also complained about the ventilation of the Toronto Asylum. Workman is openly soliciting, as he himself puts it, 'authorities' (his emphasis), seven of whom he has already written. He also asks Jarvis for permission to publish his answers in his own reports, and begs him to send him copies of any annual or other reports -- 'English or Irish or French bearing on the subject'. On December 14, 1863, Workman sent Jarvis a little questionnaire addressing questions of 'sufficient atmospheric cubic space for an insane person' under both 'an efficient system of ventilation' and 'a defective system'. In another letter to Jarvis, dated September 17, 1868, Workman states that he has sent a set of his reports to Sir James Clark, along with his comments on the issue of non-restraint. Andrew Scull places Clark among the 'articulate and outspoken detractors' of Victorian asylumdom; he was physician in ordinary to Queen Victoria (See Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (New Haven: Yale UP, 1993), 318). At least on this occasion Workman seems to function as unofficial spokesman for 'all the Superintendents of American Insane Hospitals', with whom he agrees that 'the alternatives had recourse to in English Asylums, as witnessed by myself, are much more annoying, and most be more hurtful, both bodily and mentally, to the patients than any mechanical appliances used in America'. The contents of the reports promoted professional interests, and their dissemination opened channels for additional communication.
- iii · Dr. Joseph Workman, 'Reminiscences of asiatic cholera in Canada', *The Canada Lancet* 16.2 (1883), 33-39.
- iv · For the background of masturbation and insanity in the nineteenth century, see E.H. Hare, 'Masturbatory insanity: the history of an idea', *Journal of Mental Science* 108 (1962), 1-25. Hare argues that three main factors account for the prevalence and long duration of the masturbatory hypothesis: conservatism, poverty of scepticism, and fallacious reasoning. Of particular relevance to Workman's handling of the issue is his observation that 'From Tissot to Sachs, physicians saw themselves as the guardians of civilization; they proclaimed it the duty of parents and teachers to prevent by all means the habit of masturbation in the young One doubted it at one's peril or at the peril of one's race' (16-17).
- v · See for example the item in the *Canada Medical Journal* 3 (1866-67), 237-39. The writer supports Workman's ambitious plan for a system of secondary asylums and concludes by reiterating Workman's views on the causes of insanity, 'the most fruitful of which is that moral sin, self-abuse; or, in plainer language, the filthy practice of masturbation; learnt at school by most boys, and carried on in after life by many, to the sapping of the foundation of all that is pure, holy, healthful, and intellectual' (239). A similar item, in the *Canada Medical Journal* 1 (1864-65), 491-92, urging that a proper asylum be built in Montreal, attributes insanity to unspecified 'evil habits': 'Many, we might say the majority of cases of insanity are superinduced by evil habits, indulged in possibly for years. The unfortunate victims, in many instances, become so enslaved by the particular vice, as to lose all moral power of self-restraint' (491).
- vi · Workman's important work on educational reform in the 1840s and 50s would also have reinforced his position and given his allegations about education and masturbation special authority. See Rainer Baehre, 'Joseph Workman (1805-1894) and lunacy reform: humanitarian or moral entrepreneur?' (Montreal: Paper Presented to the Annual meeting of the Canadian Historical Association, Learned Societies Conference, 1980). In 1850 Workman was appointed first chairman of the Toronto Board of School Trustees. Baehre describes the 1840s and 50s as an era of educational reform: "free education, non-denominational schools, and provincial control over the university system were dominant issues" (7-8). Workman supported non-denominational schools.
- vii · This tends to corroborate E.H. Hare's hypothesis that masturbation was like God in Pascal's wager. See note 9 above.
- viii · See Vern L. Bullough and Martha Voght, 'homosexuality and its confusion with the "secret sin" in pre-Freudian America', *Journal of the History of Medicine* 28 (1973), 143-55. Doctors were urged not to be reticent about onanism because young lives were at stake (147).
- ix · See note 11 for indication why. Workman exploits masturbation's scarifying potential: 'Case, Register No. 2,826.--T.D., a man, aged 27; insane for several years before admission. One side of his body was half covered with large patches of naevi materni, which owing to the feeble power of the capillaries, had generally an inky hue. It appears that he had been a rather promising youth, but owing to causes which his friends did not understand, his mind broke down, and confirmed insanity ensued, the assigned cause of which was "disappointed hopes". We too well know what was the real cause, for a more obstinate case of insanity associated with secret bad habit, has hardly been met with here. Before his death sloughing of the scrotum and other contiguous parts, induced by cutaneous inflammation, from a cause which it is unnecessary to specify, had taken place. A more piteous human wreck could hardly be imagined. P.M. --Testes completely exposed, and the dorsum penis also bare. The ulcerative process extended to adjacent parts. Intestines, stomach, liver, spleen, and pancreas all normal. Lungs totally destroyed by tubercles. Heart hypertrophied to double the normal size. The full details of post-mortem condition of certain parts are unfit for publication in an annual report' (1866, 34).

- x · See the *Canada Medical Journal* 1 (1864-65), 401-12,
- xi · Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: U of Toronto P, 1991), 293. Mitchinson observes that in the nineteenth century causes of mental disease tended to be assigned at least partly on the basis of 'medical perception of gender roles' (293). While 'masturbation primarily concerned males' (111), tuberculosis was the 'primary killer' (54) of women; assigning a form of it to male masturbators might well have been a way of stigmatizing their sexuality.
- xii · See H. Tristram Engelhardt, Jr., 'The disease of masturbation', *Bulletin of the History of Medicine* 48 (1974), 234-48. He suggests that doctors like Workman associated masturbation with the symptoms of other diseases as part of a general effort 'to correlate a vast number of signs and symptoms with a disapproved activity found in many patients afflicted with various maladies' (246). Workman's 'On latent phthisis in the insane', *American Journal of Insanity* 19 (1862), 1-10, contains an earlier version of this colourful passage from Workman's report for 1871: 'They cough not, expectorate not, sweat not, have no blood-spittings, no colliquative diarrhoeas, no pleuritic pains, and assuredly none of that mental brilliancy, insane hope, and indomitable restlessness so usually met with in ordinary consumptives' (1871, 24). That what first appeared in an argument for more post-mortem research into the connection of chronic insanity to bodily ailments like tuberculosis, now appears in a piece warning against the hazards of moral pestilence, or that the same passage applied to latent consumptives could be applied to secret masturbators, indicates the contingent nature of Workman's constructions. In 'On Latent Phthisis' Workman's confidence in physical pathology could not have been greater: 'When we lay open the thorax, and introduce the hand to grasp the lobe of the lungs, we may discover, in an instant, the important secret' (8). At the same time his confidence in the ability of moral therapy to effect a cure seems diminished. He argues that, once the connection between 'incurable bodily disease' and insanity were established, not only would the prognosis of insanity be more accurate, but the unreasonable expectations imposed on Asylum doctors would be correspondingly reduced. The Asylum could then get on with the care of the chronic insane, 'its real duty ... the happiness and well being of the insane ... to the largest possible measure' (10). See also Workman's 'Cases of fracture of the ribs in insane patients, revealed by post-mortem examination', *American Journal of Insanity* 18 (1862), 349-55. This appears to express a similar fascination with the connection between insanity and the 'most formidable disease', a connection previously obscured by the apparent 'immunity' of the insane themselves to pain and other symptoms associated with their disorders. 'On certain abdominal lesions in the insane', *American Journal of Insanity* 20 (1863), 44-60, attempts to articulate the same connection, through the intestines: 'Deflection of the colon, in the insane, never exists as an isolated pathological fact It is however, very doubtful if it is ever present in curable insanity' (57). While his pieces might appear scattered and trifling, their motive is probably otherwise: the desire to extenuate the Asylum, and indeed to reassert its utility in the light of the increasingly obvious failure of moral therapy. Associating insanity with a synthesised plague of consumption and masturbation seems to provide Workman with both a pathological excuse for the increasingly obvious failure of moral therapy and a reason for its continuation in a different form: the alienist as public moralist.
- xiii · Dr. Joseph Workman, "Case of moral mania?," *American Journal of Insanity* 19 (1863): 406-16.
- xiv · See Hannah Franziska Augstein, 'J.C. Prichard's concept of moral insanity -- a medical theory of the corruption of human nature', *Medical History* 40 (1996), 311-43. According to Augstein, the concept was formulated for the first time by Prichard in 1833. In his formulation the highest mental faculty, judgment, was not directly affected by the brain, while lower faculties like emotions and understanding were affected by the entire body. Moral insanity was a disorder of the passions brought on by the moral depravity, the irreligion, of the age, and which medicine alone could not cure. Later doctors tended to emphasize the 'somatic' aspects of Prichard's concept without its religious underpinnings, even synthesizing it with popular ideas about heredity. Workman himself later seems more interested in the hereditary aspects of K.S.'s moral insanity than in its immaterial origins.
- xv · Workman observes that 'it is difficult in contemplating the cerebral Fort Sumpter, to avoid the suspicion that some naughty Jeff. Davis was at the bottom of the row' ('Case of Moral Mania?', 412).
- xvi · Kate Storrer, Admission Order #2625 (December 14, 1861), Ministry of Health, Queen Street Mental Health Centre Records, RG 10-20-B-1, Archives of Ontario. Storrer's 'Form of Admission of a Patient' indicates 'destructiveness -- thieving -- sullen' under 'propensities and delusions'.
- xvii · Dr Joseph Workman, 'Moral insanity -- what is it?', *American Journal of Insanity* 39 (1883), 334-48.
- xviii · See Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: U of Toronto P, 1991), 298. She describes a similar "blind spot" in Workman's response to one Catherine Furness's recurrent bouts of puerperal mania: "at no time in his diatribe against this woman did he blame her husband for sharing his wife's bed" (298). Perhaps the family was spared especially when the patient was female and the father, husband, or brother might have been the source of the problem.
- xix · Workman's dissatisfaction with the terms invented for related phenomena by Prichard, Pinel ('manie sans delire') and Esquirol ('manie raisonnée'), but especially with Prichard's 'moral insanity', which he argues should be reversed to 'insane morality', indicates at once a grudging reluctance to even suggest that the insane might possess anything as coherent as an alternative morality and a sensitive admission that they might: 'The insane do not always rave, nor do those who rave always do so; the insane sometimes reason, occasionally indeed, a little too sharply, as I have often known, for those who address them as if taking them for mindless bipeds' (336). Workman recounts the case of a failed businessman whose symptoms include Prichard's 'unaccountable change ... in the feelings, the moral sentiments, or the conduct and social demeanor of its destined victims' (337). Such symptoms would tend to restrict 'moral insanity' to middle-class patients; Workman's article features a rather cloying depiction of the middle-class life 'moral insanity' disrupts, complete with 'loving husband', 'tender parent', and 'happy home'. The patient is probably William Thorold, Admission Order #5575 (January 20, 1883), Ministry of Health, Queen Street Mental Health Centre Records, RG10-20-B-1, Archives of Ontario. Thorold lived at Mutual Street, Workman at 113. On the 'Certificate of Insanity', witnessed by Workman's wife, Workman describes Thorold's 'deep melancholy' and his 'History' indicates attributes his insanity to 'business unsuccess'. No reference is made to 'moral insanity'.
- xx · Workman, 'Case of Moral Mania', 410.
- xxi · Dr. Joseph Workman, 'Notes illustrative of the pathology of insanity', *American Journal of Insanity* 17.1 (1860), 1-18.

- xxii · Dr. Joseph Workman, 'On paresis', *The Canada Lancet* 10.11 (1878), 357-59; 11.1, 1-5.
- xxiii · Dr. Joseph Workman, 'Insanity of the religious-emotional type, and its occasional physical relations', *American Journal of Insanity* 26.1 (1869-70), 33-48.
- xxiv · See Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: U of Toronto P, 1991), 315. Mitchinson remarks that 'In 1869 workman discussed the relationship between religious melancholy and certain deviant acts and language' (315). Workman's noting the preponderance of women afflicted with this disorder is cited as one of the few instances of Asylum officials noticing gender differences in inmates.
- xxv · Workman's own beliefs or lack of seem to show through his approach to religious insanity, which is guarded with reason (see note 19). See Rainer Baehre, 'Joseph Workman and lunacy reform: humanitarian or moral entrepreneur' (Montreal: Paper Presented to the Canadian Historical Society, 1980). Baehre summarizes his religious beliefs thus: 'in regard to Workman's reforming zeal it should be noted that he helped establish Toronto's first Unitarian congregation. He himself was not apparently a regular church-goer and can probably be described best as a free thinker and a secular moralist. His disdain for the hypocrisy and self-serving nature of the establishment churches is evident throughout his life in occasional references in his writings' (16). These would include passages in the annual reports where he inveighs against preachers for terrorizing his patients with sermons on hell-fire and damnation. For example, in the report for 1871 Workman cautiously observes that 'We certainly have had a distressing number of the class who believe themselves to be unpardonable sinners; and it is well-known in Asylums that suicidal tendency is very common in them. As almost the whole of these creatures are really good people, who have been notable for their religious life and tenderness of conscience, I leave it to the common sense of the intelligent reader to assign the efficient cause of the delusion' (18). He deplores the effect of one preacher in particular, on a patient whom he describes as 'the most pitiable case of religious despair I have ever yet seen' (30).
- xxvi · Dr. Joseph Workman, 'Demonomania and witchcraft', *American Journal of Insanity* 28 (1871), 175-93.
- xxvii · Many of his colleagues were not so open-minded. Workman describes the reception of an earlier version of 'Demonomania' at the Annual Convention of Medical Superintendents in Toronto in 1871: 'I read a paper on Wednesday evening on Demonomania [at the Annual Convention of Medical Superintendents in Toronto]....It brought up some discussion, but not on those points on which I desired it....New England men, with their constitutional thin-skinnedness, lost sight of every thing but my brief and very mild allusions to the atrocities of the Salem witchcraft murders. Dr. [Isaac] Ray went even so far as to claim credit & honour to Massachusetts for her noble assertion of conscientious conviction of divine truth in that time of primitive credulity.... Dr [Richard] Gundry of Dayton made an [illegible] onslaught on me, because of my allusion to the witch murders in the time of Cromwell.... Dr Gundry is a Cockney and is always most anxious to demonstrate his conversion to pure American fealty.... All thanked me, but none seemed disposed to follow me. Moral courage is not over-thickly spread on the present race of Super-intendents; but the time must come when men will more freely speak out'. See the entry for Monday, June 12, 1871, *Workman Diaries*, vol. 1, B80-0015, University of Toronto Archives.
- xxviii · The completion of the Asylum's long awaited wings seems to allow Inspector Langmuir to shift his focus from the building itself to its immediate surroundings. To him it seems to be a matter of dignity as well as a necessity that "this Institution ... third, in point of size and population, on the Continent of America ... should have at least 250 acres of land attached to it" (1869, 4). His focus seems aesthetic as well as practical, his attention almost equally divided between the arable and the ornamental as he discusses the "indication of a large crop" in the same paragraph where he approves of how the "ornamental portion of the grounds ... adds very much to the enjoyment of the patients" (1869, 4). While some land is rented in 1866 from one Mr. Bacon, "thirty-six acres, contiguous to our grounds" (1867, 49), Langmuir urges that the "short-sighted mistake of placing an Institution of this magnitude on a plot of fifty acres" should be permanently rectified (1869, 4). It is a problem not just in terms of economy but in terms of "providing out-door occupation for the inmates of the Asylum, the beneficial results of which in an Insane Hospital cannot be over estimated" (1869, 4). Arguing in tandem with his Inspector, Workman is even more pungent in his criticism, calling the omission "a most stupid oversight" by men "who understood the requirements of a large lunatic asylum about as well as they did those of the Crimean army" (1870, 18). In the Report for 1871 Langmuir complacently observes 23 patients "engaged in out-door employments in draining, ditching, and in preparing the land for spring crops" (1871, 4). This is accepted as a part of "the process of converting a barren common into a fruitful and productive farm" (1871, 4), morally and materially beneficial. Patient labour was not restricted to the farm. Langmuir describes how "a considerable wood surface throughout the Asylum had been repainted, doors grained, and the front fence bronzed, chiefly by the labour of the inmates" (1871, 4). Women worked as well as men, but they did "the internal work" of the Asylum. The distribution of internal and external work between males and females is an argument for not maintaining separate asylums for men and women (1867, 51). Segregation is only desirable in "aristocratic institutions, where the patients will not work, or their stupid proud friends wish them not to do so" (1867, 51). All clothing except shoes is made by the patients, assisted by a tailor and a seamstress (1872). Probably the bedding is too. The short crop of straw suggests to Langmuir "the advisability of increasing the number of hair-mattresses throughout the Asylum" (1872, 4). In the Report for 1871, Workman anticipates building new farm-houses on the newly created "farm" near a proposed bridge. He only regrets that they had not cultivated the land earlier: "A few years of Asylum cultivation and enrichment will demonstrate the loss sustained by the public in the last 20 years, from keeping this land back from Asylum possession" (1871, 26). As for the bridge, he fears that raising it over the tracks would have required long and expensive embankments over asylum land. Moreover, the trains "incessantly passing" underneath would be a danger to "spirited horses and cattle" (26). Finally, the bridge itself, "so near our grounds," ought to be ornamented more "than the times warrant" (1872, 26). What Workman calls the "New Farm" is begun in 1870, when he and Langmuir explore the western grounds north of the GTR railroad that cut diagonally through Asylum land. In 1871 he recalls the pleasure he had "walking and wading over it" with Langmuir in the spring. Twelve acres that were formerly the resort of snipes and plovers have been made arable by tile and drainage (1871, 24-5). Here is planted the bulk of the potato crop. An eighteen acre field south of the tracks has been similarly prepared, provision being made for the anticipated Central Prison. Since the Asylum pumps at the lake will also supply the Prison with water, Workman recommends the laying of a larger pipe 4 and 1/2 to 5 inches in diameter (1871, 26). The lease on the Bacon farm is renewed, but he frets that unless they acquire more cows, they will have to dilute the cream in their tea and coffee. Workman jokes that patients "have now been educated into scientific cutters of drains, and layers of tiles" (1872, 26), but leaves no doubt that the real scientist is himself. He himself draws "rough diagrams of the drains of every field ... in my asylum journals, so that at any time they can be readily traced on the land" (1872, 26).
- xxix · In his report for 1866 Workman again urges distributing the chronic population among secondary asylums: 'each district or union of counties, supports its own share of them, and no share of those of other districts each town and township levies from its inhabitants, just so much as it pays for support in a secondary Asylum' (26). An item in the *Canada Medical Journal* 3 (1866-67), 237-39, quotes generously from this report and indicates how the contents of such reports could be recycled. The writer concludes that 'by the present system of affording relief, we are each year augmenting to a serious extent, the

number of cases of incurables, many of whom would undoubtedly have been restored to the industrial population had prompt measures for their relief been adopted' (238).

xxx · See Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane (Penguin Books Ltd.), 1979).

xxxi · Workman is rather cryptic about his immediate reasons for retirement in 1875 at the age of 70. However, it would have been obvious to everyone that, as Thomas Edward Brown puts it in 'Living with God's Afflicted': *A History of the Provincial Lunatic Asylum at Toronto, 1830-1911* (PhD Thesis, Queen's University, Kingston, 1981), 'both Workman and the asylum were growing old' (230). Brown summarizes the Workman era at the Toronto Asylum as a good thing gone wrong: 'a time of shattered expectations, growing disillusionment and dissatisfaction, a search for alternatives, and, ultimately, of a forced but uneasy accommodation with the grim reality that the asylum did not cure' (232). Workman himself could not have put it more heroically.

xxxii · For a good discussion of the kind of thought prevalent among late nineteenth-century medical superintendents, see S.E.D. Shortt, *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry* (Cambridge: Cambridge UP, 1986), especially chapter 4, "Genesis of Etiological Speculation," 94-123. He suggests that Bucke and his contemporaries (who certainly included Daniel Clark) "had pragmatic professional motives for enthusiastically endorsing degeneration as an etiological reality," principally because it "substantiated the somatic model of mental illness": "The existence of a hereditary neuropathic diathesis, suddenly made overt by situational stress or vice, provided an important explanation for the manner in which these functional deficits operated" (104). It would also have got them off the hook for the failure of moral therapy or, as Shortt more elegantly puts it, "the depressing decline in cure rates in late nineteenth-century asylums" (104).

xxxiii · Thomas Edward Brown, *"Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto* (Queen's University, Kingston: Unpublished Ph.D. Dissertation, 1981).

xxxiv · Most of the very few published articles on Workman are indeed of this ilk. For example, Cyril Greenland's predictably titled "Three Pioneers of Canadian Psychiatry," *Journal of the American Medical Association* 200.10 (June, 1967): 129-38. Greenland tells us several times that Workman was one of the "best loved physicians in all Canada" (835, 837) and connects Workman to the Clarke Institute for which the article appears to have been written on the occasion of the Canadian centennial. Greenland's examples of Workman's writing actually argue against his thesis, since they show Workman unchivalrously attacking his critics, calling Dorothy Dix's father a "paranoiac," etc. Scull's complaint about bad biography seems appropriate here: "useful ideological constructs for those bent on creating an idealized fiction as a support for their current professional identity" (*Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton, New Jersey: Princeton UP, 1996), 4. C.G. Stodgill's "Joseph Workman, M.D., 1805-1894: Alienist and Medical Teacher," *Journal of the Canadian Medical Association* 95:18 (1966): 917-23, is more informative and less gloating. Stodgill notes, for example, Workman's interesting and value-laden diagnoses. A more recent article by Peter J. Mitham, "'Very Truly and Undisturbedly Yours': Joseph Workman and a Verdict of Malpractice against John Galbraith Hyde," *Canadian Bulletin of Medical History* 13 (1996): 139-49, discusses several letters in which Workman supports a fellow-doctor involved in a malpractice suit.

xxxv · For example, Rainer Baehre, "Joseph Workman and Lunacy Reform: Humanitarian or Moral Entrepreneur?" (Paper presented to the Canadian Historical Society: Montreal, 1980). Baehre comes down hard on the "humanitarian" side, though the division now seems like a false one.

xxxvi · See Andrew T. Scull, *Museums of Madness: The social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979). Scull offers strong evidence for one of his principal theses, that "there was on obvious link between how serious a problem insanity perceived to be, and the importance and prestige bestowed upon those thought to be experts in its treatment" (238).

xxxvii · Constance M. McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover, New Hampshire: UP of New England, 1985). See especially her chapter, "Selling the Profession," 127-48.

xxxviii · Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick, New Jersey: Rutgers UP, 1987). See for example "The Economics of Compassion," 29-54.

xxxix · In *Canada Lancet* 22.2 (October, 1889): 33-6. The question Workman translates from Tebaldi's *Ragione e Pazzia* dogged him throughout his career: "Do we find in the organic changes of our subjects any which may account for the numerous and varied forms of mental disorders?" "La Pazzia" answers cryptically, if at all: "You know who I am, and you will well remember that, whilst I was your clinical guest, you made a world of enquiries in order to know me thoroughly" (33).